

**National Audit of Dementia  
Care in General Hospitals 2016-2017**

Local report appendices for:

University Hospital, Coventry

University Hospitals Coventry and Warwickshire NHS Trust

July 2017

Commissioned by:



**HQIP**

Healthcare Quality  
Improvement Partnership

Many thanks to Hwyl for permission to use the cover artwork. Hwyl is an art project run by Dementia Matters in Powys (DMiP) and Arts Alive Wales based at the Brecon War Memorial Hospital. The project focuses on working with elderly patients on hospital wards, with their families, carers, the ward staff and artists on a weekly basis.

With thanks to Rhiannon Davies (DMiP) and Tessa Waite (Arts Alive Wales).

# Table of Contents

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Introduction to the appendices .....	2
Appendix A: Organisational checklist data .....	3
Appendix B: Patient demographics .....	15
Appendix C: Casenote audit data .....	19
Appendix D: Carer demographics .....	28
Appendix E: Carer questionnaire data .....	29
Appendix F: Staff demographics .....	32
Appendix G: Staff questionnaire data .....	34
Appendix H: Verbatim staff suggestions for your hospital, presented by job role .....	40

## Introduction to the appendices

This is the appendices for your local report. Your local report is in a separate document. The appendices present data from Round 3 of the National Audit of Dementia, both at a national level and for your hospital. Data for your hospital in Round 2 is also shown where applicable. When comparing Round 2 data with Round 3 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Therefore, conclusions made from comparing the data should be with caution. Hospitals with less than five returns for the carer or staff questionnaires have not received any data and returns of 5 to 9 questionnaires have not received demographic information. The table below shows how the data tables in the appendices are laid out and what information you can find in each cell.

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
Standard reference and type. Standards document can be found on the <a href="#">audit website</a> .	Question number. Orange items in the casenote audit appendix show low inter-rater reliability.	Question wording as in tool.	The national audit refers to all hospitals from England and Wales that participated in the Round 3 audit.	Data for your hospital from Round 3.	If the same question or a similar question was asked in Round 2, we have provided your Round 2 response for comparison. The carer and staff questionnaires are new tools and therefore this column has been excluded in these appendices.
			We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the appendices, depending on whether questions were routed (not asked in some instances), 'N/A' responses were chosen (these have been excluded from the analyses), or where staff and carers did not respond.		

For the organisational checklist, data from 199 hospitals are included in the national audit column (all the registered participants).

195 hospitals participated in the casenote audit, returning 10047 casenotes and this is shown in the national audit column. The national audit column for the casenote audit also shows the median and the inter quartile range for each question (where applicable). Question items which were found to have lower agreement in the inter-rater reliability analysis (see audit [website](#)) have been coloured orange.

196 hospitals returned carer questionnaires. Data from all questionnaires (4664) is presented in the carer questionnaire data tables in Appendix E.

198 hospitals returned staff questionnaires. Data from all questionnaires (14416) is presented in Appendix G. For some questionnaire items, the data for the two most positive answers have been combined, as well as being presented separately. This is provided both at a national level and for your hospital.

# Appendix A: Organisational checklist data

## Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	<b>60.8%</b> 121/199	<b>Yes</b>	Yes
		In development	<b>26.1%</b> 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	<b>97.1%</b> 168/173	<b>Yes</b>	Yes
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	<b>65.9%</b> 114/173	<b>Yes</b>	New question for Round 3
		Pathway in development	<b>26.6%</b> 46/173		
		Stroke			
		Yes	<b>32.9%</b> 57/173	<b>Yes</b>	New question for Round 3
		Pathway in development	<b>21.4%</b> 37/173		
		Fractured neck of femur			
		Yes	<b>43.6%</b> 75/172	<b>Yes</b>	New question for Round 3
		Pathway in development	<b>24.4%</b> 42/172		
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	<b>31.7%</b> 63/199	<b>No</b>	No
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	<b>31.7%</b> 63/199	<b>No</b>	No
4.4 [2]	3	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	<b>60.3%</b> 120/199	<b>No</b>	Yes

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	<b>84.9%</b> 169/199	<b>Yes</b>	Yes
	4b	Complaints – analysed by age (y/n)	<b>52.3%</b> 104/199	<b>No</b>	No
	4c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n/na (hospitals in Wales))	<b>58.6%</b> 106/181	<b>No</b>	No
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	<b>67.3%</b> 134/199	<b>No</b>	No
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	<b>81.9%</b> 163/199	<b>Yes</b>	Yes
	5b	Ward level (y/n)	<b>93.5%</b> 186/199	<b>Yes</b>	Yes
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.		
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	<b>76.9%</b> 153/199	<b>Yes</b>	New question for Round 3
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?			
		Yes, more than once a year	<b>41.2%</b> 63/153	<b>Yes, once a year</b>	New question for Round 3
		Yes, once a year	<b>34.6%</b> 53/153		
Yes, less than once a year	<b>20.3%</b> 31/153				

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	<b>93.5%</b> 186/199	<b>Yes</b>	New question for Round 3	
	9a	<i>(If Q9=Yes)</i> The group meets:				
		Annually	<b>0.5%</b> 1/186	<b>Quarterly</b>	New question for Round 3	
		Bi-annually	<b>0.5%</b> 1/186			
		Quarterly	<b>30.1%</b> 56/186			
		Six-weekly	<b>4.3%</b> 8/186			
		Monthly	<b>33.3%</b> 62/186			
		Bi-monthly	<b>29%</b> 54/186			
		Weekly	<b>0.5%</b> 1/186			
		Unknown	<b>1.6%</b> 3/186			
	9b	<i>(If Q9=Yes)</i> The group includes:				
		Healthcare professionals	<b>100%</b> 186/186	√	New question for Round 3	
		Organisations e.g. Alzheimer's Society	<b>64%</b> 119/186	-		
Carer/ service user representation	<b>66.1%</b> 123/186	-				
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	<b>88.4%</b> 176/199	<b>Yes</b>	New question for Round 3	
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	<b>99%</b> 197/199	<b>Yes</b>	New question for Round 3	
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	<b>98%</b> 195/199	<b>Yes</b>	Yes	
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	<b>88.7%</b> 173/195	<b>Yes</b>	Yes	
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	<b>88.9%</b> 177/199	<b>Yes</b>	New question for Round 3	

## Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	<b>4%</b> 8/199	<b>No</b>	New question for Round 3
		Yes, within the last year	<b>1.5%</b> 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	<b>38.2%</b> 76/199	<b>No</b>	New question for Round 3

## Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n)	<b>98.5%</b> 196/199	<b>Yes</b>	Yes
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	<b>100%</b> 196/196	<b>Yes</b>	Yes
	17b	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n)	<b>98.5%</b> 193/196	<b>Yes</b>	Yes
	17c	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n)	<b>100%</b> 196/196	<b>Yes</b>	Yes
	17d	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes support or actions that can calm the person if they are agitated: (y/n)	<b>99%</b> 194/196	<b>Yes</b>	Yes
1.15 [3]	17e	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes life details which aid communication: (y/n)	<b>99.5%</b> 195/196	<b>Yes</b>	Yes
1.14 [1]	18	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes how the person with dementia communicates with others/ understands communication: (y/n)	<b>99.5%</b> 195/196	<b>Yes</b>	New question for Round 3



Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	19	(If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n)	<b>93.4%</b> 183/196	<b>No</b>	Yes
20	Documenting use of personal information in practice: Hospitals selected three wards ( <b>not</b> mental health wards) which had the highest admissions of people with dementia. 10 patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me" (any patients with dementia who did not require a personal information document were excluded).				
	Ward 1:		<b>40</b>		New question for Round 3
	Ward 2:		<b>20</b>		
	Ward 3:		<b>20 Medicine</b>		
	Number of patients checked:		-	<b>10</b>	New question for Round 3
	Range		<b>0-40</b>	-	-
	Median		<b>10</b>	-	-
	Number of these patients where the information was present:		-	<b>10</b>	New question for Round 3
	Percentage of patients where the information was present:		-	<b>100%</b>	New question for Round 3
	Range		<b>0-100%</b>	-	-
	Mean		<b>49%</b>	-	-
Median		<b>50%</b>	-	-	

## Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them: (y/n)	<b>90.5%</b> 180/199	<b>Yes</b>	No

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	<b>91.1%</b> 164/180	√	N/A
		Alert sheet or electronic flag	<b>23.9%</b> 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	<b>33.9%</b> 61/180	-	
		Other	<b>18.9%</b> 34/180	-	
	22	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	<b>70.4%</b> 140/199	<b>Yes</b>	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	<b>87.1%</b> 122/140	√	N/A
		Alert sheet or electronic flag	<b>18.6%</b> 26/140	-	
		A box to highlight or alert dementia condition in the notes or care plan	<b>20.7%</b> 29/140	-	
Other		<b>17.9%</b> 25/140	-		
9.13 [2]	23	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	<b>81.9%</b> 163/199	<b>Yes</b>	

## Training, learning and development

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
7.2 [2]	24	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia: (y/n)	<b>95.5%</b> 190/199	<b>Yes</b>	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia):			
		Dementia awareness training:			
		Doctors			
		Mandatory	<b>46.2%</b> 92/199	-	-
		Provided on induction	<b>63.3%</b> 126/199	-	√
		Provided in the last 12 months	<b>58.8%</b> 117/199	√	-
		Not provided in the last 12 months	<b>8.5%</b> 17/199	-	-
		Nurses			
		Mandatory	<b>51.8%</b> 103/199	-	-
		Provided on induction	<b>74.4%</b> 148/199	-	√
		Provided in the last 12 months	<b>68.3%</b> 136/199	√	-
		Not provided in the last 12 months	<b>1%</b> 2/199	-	-
		Healthcare assistants			
		Mandatory	<b>51.8%</b> 103/199	-	-
		Provided on induction	<b>71.4%</b> 142/199	-	√
		Provided in the last 12 months	<b>68.3%</b> 136/199	√	-
		Not provided in the last 12 months	<b>1%</b> 2/199	-	-
		Other allied healthcare professionals, e.g. physiotherapists, dieticians			
		Mandatory	<b>47.7%</b> 95/199	-	-
		Provided on induction	<b>64.8%</b> 129/199	-	√
		Provided in the last 12 months	<b>67.8%</b> 135/199	√	-
		Not provided in the last 12 months	<b>3.5%</b> 7/199	-	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
		Mandatory	<b>41.2%</b> 82/199	-	-
		Provided on induction	<b>57.8%</b> 115/199	-	√
		Provided in the last 12 months	<b>63.8%</b> 127/199	√	-
		Not provided in the last 12 months	<b>11.1%</b> 22/199	-	-
7.11 [3]	26	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff: (y/n)	<b>82.4%</b> 164/199	<b>No</b>	Yes
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	<b>72.9%</b> 145/199	√	New question for Round 3
		Workshop or study day	<b>91%</b> 181/199	√	
		Higher education module	<b>22.6%</b> 45/199	√	
		Other	<b>29.1%</b> 58/199	√	

7.5 [3]	28	Hospitals were asked to provide figures on the number of staff trained in dementia awareness. Only 34 hospitals could provide this for at least one of the years specified. Therefore, there is no data on training figures.
N7b [3]	29	What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2016? This information was to compare with question 28 so is therefore not included.

## Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	<b>93%</b> 185/199	<b>Yes</b>	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	<b>84.3%</b> 156/185	<b>Yes</b>	Yes
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	<b>70.4%</b> 140/199	<b>Yes</b>	Yes
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	<b>95.5%</b> 190/199	<b>Yes</b>	Yes
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	<b>92.6%</b> 176/190	<b>Yes</b>	Yes
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	<b>98.4%</b> 187/190	<b>Yes</b>	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	<b>75.9%</b> 151/199	<b>Yes</b>	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N3b [2]	35	The hospital can provide finger foods for people with dementia (please select one option only):			New question for Round 3
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) on every day	<b>65.3%</b> 130/199	√	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	<b>1%</b> 2/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	<b>0%</b> 0/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	<b>0%</b> 0/199	-	
		Finger food consists of sandwiches/wraps only	<b>33.7%</b> 67/199	-	
		Patients who may be unable to use cutlery will never be admitted to the hospital	<b>0%</b> 0/199	-	
3.11 [2]	36	The hospital can provide 24 hour food services for people with dementia (please select one option only):			New question for Round 3
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	<b>50.8%</b> 101/199	√	
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	<b>10.6%</b> 21/199	-	
		Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	<b>32.2%</b> 64/199	-	
		Only snacks (biscuits, cake) are available 24 hours a day	<b>3%</b> 6/199	-	
Food is not available 24 hours a day	<b>3.5%</b> 7/199	-			
6.10 [2]	37	There is access to advocacy services with experience and training in working with people with dementia: (y/n)	<b>95%</b> 189/199	<b>Yes</b>	Yes

## Environment

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
6.11 [3]	Opportunities for social interaction for patients with dementia are available (e.g. to eat/ socialise away from their bed area with other patients):				
	38	On all adult wards	<b>15.1%</b> 30/199	-	New question for Round 3
		On care of the elderly wards	<b>38.7%</b> 77/199	-	
		Other	<b>30.2%</b> 60/199	√	
		No	<b>16.1%</b> 32/199	-	
N8a [3]	The physical environment within the hospital has been reviewed using an appropriate tool (e.g. King's Fund Enhancing the Healing Environment) to establish whether it is "dementia-friendly":				
	39	Throughout the hospital	<b>42.7%</b> 85/199	√	New question for Round 3
		All adult wards/ areas	<b>13.6%</b> 27/199	-	
		All care of the elderly wards/ areas	<b>18.1%</b> 36/199	-	
		Designated dementia wards only	<b>3%</b> 6/199	-	
		Other	<b>13.1%</b> 26/199	-	
		No	<b>9.5%</b> 19/199	-	
	40	<i>(If Q39=Yes)</i> Environmental changes based on the review are:			
		Completed	<b>15%</b> 27/180	√	New question for Round 3
		Underway	<b>56.7%</b> 102/180	-	
		Planned but not yet underway	<b>10%</b> 18/180	-	
		Planned but funding has not been identified	<b>15.6%</b> 28/180	-	
		Plans are not in place	<b>2.8%</b> 5/180	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N8a [3]	<i>(If Q39=Yes)</i> Service users/ carers/ lay volunteers have been part of the team reviewing the environment:				
	41	Throughout the hospital	<b>36.7%</b> 66/180	-	New question for Round 3
		All adult wards/ areas	<b>9.4%</b> 17/180	-	
		All care of the elderly wards/ areas	<b>13.3%</b> 24/180	-	
		Designated dementia wards only	<b>5%</b> 9/180	-	
		Other	<b>13.3%</b> 24/180	√	
		They have not been part of the team	<b>22.2%</b> 40/180	-	
	<i>(If Q39=Yes)</i> There are plans to further review the changes implemented:				
	42	Yes, we are already undertaking/ have already done this	<b>49.4%</b> 89/180	√	New question for Round 3
		Yes, once the work is completed	<b>40%</b> 72/180	-	
		No plans are in place	<b>10.6%</b> 19/180	-	



## Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	<b>2.2%</b> (221)	<b>2%</b> (1)
66 - 80	<b>24.3%</b> (2445)	<b>29.4%</b> (15)
81 - 100	<b>73%</b> (7332)	<b>66.7%</b> (34)
101 - 108	<b>0.4%</b> (39)	<b>2%</b> (1)
Unknown	<b>0.1%</b> (10)	<b>0%</b> (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	<b>34 - 108</b>	<b>63 - 103</b>
Mean	<b>84</b>	<b>84.7</b>
Median	<b>85</b>	<b>85</b>

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	<b>40.1%</b> (4029)	<b>56.9%</b> (29)
Female	<b>59.9%</b> (6018)	<b>43.1%</b> (22)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	<b>82.1%</b> (8250)	<b>92.2%</b> (47)
Black/ Black British	<b>1.2%</b> (123)	<b>0%</b> (0)
Asian/ Asian British	<b>1.9%</b> (193)	<b>2%</b> (1)
Chinese	<b>0.1%</b> (10)	<b>0%</b> (0)
Mixed	<b>0.1%</b> (11)	<b>0%</b> (0)
Not documented	<b>2.1%</b> (210)	<b>3.9%</b> (2)
Other	<b>12.4%</b> (1250)	<b>2%</b> (1)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	<b>77.4%</b> (7778)	<b>70.6%</b> (36)
Welsh	<b>0.6%</b> (61)	<b>0%</b> (0)
Other European language	<b>1%</b> (96)	<b>2%</b> (1)
Asian language	<b>1.4%</b> (144)	<b>2%</b> (1)
Not documented	<b>19%</b> (1909)	<b>25.5%</b> (13)
Other	<b>0.6%</b> (59)	<b>0%</b> (0)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	<b>19.9%</b> (1998)	<b>15.7%</b> (8)
Fall	<b>13.3%</b> (1332)	<b>19.6%</b> (10)
Urinary/ renal	<b>9%</b> (901)	<b>5.9%</b> (3)
Hip dislocation/ hip fracture	<b>7.5%</b> (754)	<b>5.9%</b> (3)
Sepsis	<b>6.3%</b> (633)	<b>2%</b> (1)
Delirium/ confusion	<b>6%</b> (604)	<b>9.8%</b> (5)
Gastrointestinal	<b>5.9%</b> (595)	<b>0%</b> (0)
Cardiac/ vascular	<b>5.1%</b> (517)	<b>5.9%</b> (3)
Stroke	<b>3.8%</b> (380)	<b>2%</b> (1)
Neurological	<b>3.6%</b> (364)	<b>7.8%</b> (4)
Skin lacerations/ lesions	<b>2%</b> (204)	<b>0%</b> (0)
Impaired consciousness	<b>2%</b> (198)	<b>2%</b> (1)
Dementia**	<b>1.9%</b> (195)	<b>0%</b> (0)
Other	<b>1.9%</b> (192)	<b>2%</b> (1)
Unable to cope/ frailty	<b>1.6%</b> (160)	<b>2%</b> (1)
Dehydration	<b>1.4%</b> (143)	<b>2%</b> (1)
Haematology	<b>1.1%</b> (115)	<b>0%</b> (0)
Endocrine/ metabolic	<b>1.1%</b> (112)	<b>0%</b> (0)
Other fractures	<b>1%</b> (96)	<b>0%</b> (0)
Cancer	<b>0.9%</b> (94)	<b>3.9%</b> (2)
Surgical/ non-surgical procedure	<b>0.9%</b> (86)	<b>2%</b> (1)
Pain/ swelling	<b>0.8%</b> (85)	<b>0%</b> (0)
Hepatology	<b>0.8%</b> (84)	<b>3.9%</b> (2)
Oral/ visual/ auditory	<b>0.4%</b> (45)	<b>3.9%</b> (2)
Rheumatic	<b>0.4%</b> (45)	<b>0%</b> (0)
Psychiatric	<b>0.4%</b> (42)	<b>2%</b> (1)
Adverse reaction to medication/ allergy/ overdose	<b>0.3%</b> (28)	<b>0%</b> (0)
Injury/ trauma	<b>0.2%</b> (24)	<b>0%</b> (0)
Not documented/ unknown	<b>0.2%</b> (21)	<b>2%</b> (1)

\*Primary cause of admission was taken as the first reason entered on the casenote audit.

\*\*Out of 195 noted with Dementia as cause of admission, 142 of these had dementia as the only cause of admission.

Speciality of the ward patients spent the longest time in	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Care of the Elderly/ Complex Care	<b>41.1%</b> (4125)	<b>41.2%</b> (21)
General Medical	<b>23.5%</b> (2359)	<b>19.6%</b> (10)
Other Medical	<b>9.9%</b> (999)	<b>15.7%</b> (8)
Orthopaedics	<b>8.9%</b> (892)	<b>3.9%</b> (2)
Surgical	<b>6.8%</b> (681)	<b>7.8%</b> (4)
Stroke	<b>4.5%</b> (456)	<b>2%</b> (1)
Cardiac	<b>2.5%</b> (248)	<b>5.9%</b> (3)
Other	<b>1.4%</b> (136)	<b>3.9%</b> (2)
Nephrology	<b>0.5%</b> (52)	<b>0%</b> (0)
Obstetrics/ Gynaecology	<b>0.4%</b> (41)	<b>0%</b> (0)
Critical Care	<b>0.2%</b> (23)	<b>0%</b> (0)
Oncology	<b>0.2%</b> (22)	<b>0%</b> (0)
Unknown	<b>0.1%</b> (13)	<b>0%</b> (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	<b>12.8%</b> (1285)	<b>13.7%</b> (7)
Self-discharged from hospital	<b>0.1%</b> (12)	<b>2.3%</b> (1)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	<b>5.5%</b> (482)	<b>2.3%</b> (1)
Received end of life care in hospital/ was on an end of life care plan	<b>13%</b> (1302)	<b>19.6%</b> (10)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	<b>45.3%</b> (4553)	<b>43.1%</b> (22)
11 – 20 days	<b>25.5%</b> (2559)	<b>33.3%</b> (17)
21 – 30 days	<b>11.3%</b> (1132)	<b>11.8%</b> (6)
31 – 40 days	<b>6.7%</b> (671)	<b>3.9%</b> (2)
41 – 50 days	<b>4.2%</b> (418)	<b>5.9%</b> (3)
51 – 60 days	<b>2.3%</b> (230)	<b>2%</b> (1)
61 – 70 days	<b>1.7%</b> (168)	<b>0%</b> (0)
71 – 80 days	<b>1%</b> (102)	<b>0%</b> (0)
81 – 90 days	<b>0.6%</b> (62)	<b>0%</b> (0)
More than 90 days	<b>1.5%</b> (152)	<b>0%</b> (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	<b>2-775</b>	<b>3-58</b>
Median (days)	<b>12</b>	<b>12</b>

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	<b>57.7%</b> (5793)	<b>40.2%</b> (3519)	<b>47.1%</b> (24)	<b>34.1%</b> (15)
Respite care	<b>0.8%</b> (80)	<b>1.6%</b> (136)	<b>0%</b> (0)	<b>0%</b> (0)
Rehabilitation	<b>0.4%</b> (37)	<b>2.4%</b> (207)	<b>0%</b> (0)	<b>2.3%</b> (1)
Psychiatric ward	<b>0.5%</b> (48)	<b>0.7%</b> (62)	<b>0%</b> (0)	<b>0%</b> (0)
Carer's home	<b>2.1%</b> (212)	<b>2.1%</b> (181)	<b>11.8%</b> (6)	<b>4.5%</b> (2)
Intermediate care	<b>0.3%</b> (27)	<b>2%</b> (172)	<b>0%</b> (0)	<b>2.3%</b> (1)
Residential care	<b>16.9%</b> (1701)	<b>17.7%</b> (1551)	<b>27.5%</b> (14)	<b>34.1%</b> (15)
Nursing home	<b>19.7%</b> (1981)	<b>28.7%</b> (2511)	<b>11.8%</b> (6)	<b>18.2%</b> (8)
Palliative care	<b>0%</b> (5)	<b>0.6%</b> (54)	<b>0%</b> (0)	<b>0%</b> (0)
Transfer from another hospital	<b>1.4%</b> (145)	<b>3.9%</b> (343)	<b>2%</b> (1)	<b>4.5%</b> (2)
Long stay care	<b>0.2%</b> (18)	<b>0.3%</b> (26)	<b>0%</b> (0)	<b>0%</b> (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	<b>73.4%</b> (6428)	<b>75%</b> (33)
Own/ carer's home to nursing/ residential care	<b>11.1%</b> (972)	<b>11.4%</b> (5)

\*These figures exclude patients who died while in hospital.

## Appendix C: Casenote audit data

### Assessment

#### Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	<b>93.8%</b> 8558/9126 (96%, 91-98%)	<b>97.7%</b> 43/44	91.4% 32/35	
	15	An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	<b>89.8%</b> 8832/9837 (93%, 86-96%)	<b>91.7%</b> 44/48	95% 38/40	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	<b>85.9%</b> 7580/8822 (89%, 79-96%)	<b>86.4%</b> 38/44	62.2% 23/37
		Other action taken	<b>4%</b> 352/8822 (2%, 0-5%)	<b>2.3%</b> 1/44	New answer options for Round 3	
	Yes or other action taken	<b>89.9%</b> 7932/2288 (93%, 85-98%)	<b>88.6%</b> 39/44			
1.10 [1]	16	Has a formal pressure ulcer risk assessment been carried out and score recorded? (y/n)	<b>95.5%</b> 9590/10044 (98%, 94-100%)	<b>92.2%</b> 47/51	92.5% 37/40	
1.12 [1]	17	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/could not be assessed for recorded reasons)	<b>88%</b> 8572/9744 (92%, 85-97%)	<b>91.7%</b> 44/48	89.7% 35/39	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	<b>83.2%</b> 8185/9840 (90%, 77-98%)	<b>100%</b> 50/50	94.9% 37/39	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?			
		Yes, a standardised assessment has taken place	<b>45.3%</b> 4212/9294 (45%, 23-66%)	<b>79.5%</b> 35/44	60.6% 20/33
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	<b>42.8%</b> 3977/9294 (44%, 26-58%)	<b>15.9%</b> 7/44	New answer options for Round 3
		Yes, other	<b>1.7%</b> 161/9294 (0%, 0-2%)	<b>2.3%</b> 1/44	
		Yes (all options)	<b>89.8%</b> 8350/9294 (92%, 85-96%)	<b>97.7%</b> 43/44	

### Mental state assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.3 [2]	20	Has a standardised mental status test been carried out? (y/n/could not be assessed for recorded reasons)	<b>54%</b> 4684/8682 (55%, 38-72%)	<b>53.8%</b> 21/39	16.7% 6/36
1.4 [2]	21	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?			
		Yes, and there were indications that delirium may be present	<b>25.9%</b> 2603/10047 (24%, 14-36%)	<b>25.5%</b> 13/51	20% 8/40
		Yes, but there was no indication that delirium may be present	<b>18.5%</b> 1863/10047 (15%, 6-25%)	<b>5.9%</b> 3/51	15% 6/40
		Yes (both options)	<b>44.5%</b> 4466/10047 (42%, 27-60%)	<b>31.4%</b> 16/51	35% 14/40
1.5 [2]	21a	<i>(If Q21=Yes)</i> Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	<b>85.3%</b> 2220/2603 (90%, 78-100%)	<b>69.2%</b> 9/13	100% 8/8

## Information about the person with dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	22	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (y/n)	<b>57.2%</b> 5727/10010 (58%, 31-85%)	<b>72.5%</b> 37/51	47.5% 19/40
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	<b>47.4%</b> 2669/5626 (53%, 30-77%)	<b>62.2%</b> 23/37	63.2% 12/19
		Unknown*	<b>33.1%</b> 1865/5626 (14%, 0-44%)	<b>10.8%</b> 4/37	New answer option for Round 3
	22b	<i>(If Q22=Yes)</i> Has information been collected about the patient's food and drink preferences?			
		Yes	<b>44.1%</b> 2476/5616 (50%, 29-71%)	<b>54.1%</b> 20/37	New question for Round 3
		Unknown*	<b>34.1%</b> 1916/5616 (16%, 3-48%)	<b>13.5%</b> 5/37	
	22c	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding reminders or support with personal care?			
		Yes	<b>55.3%</b> 3116/5631 (64%, 42-80%)	<b>70.3%</b> 26/37	73.7% 14/19
		Unknown*	<b>29.9%</b> 1685/5631 (13%, 0-37%)	<b>8.1%</b> 3/37	New answer option for Round 3
	22d	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?			
		Yes	<b>32.6%</b> 1818/5583 (35%, 18-56%)	<b>45.9%</b> 17/37	52.6% 10/19
		Unknown*	<b>37.8%</b> 2110/5583 (20%, 5-50%)	<b>21.6%</b> 8/37	New answer option for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	22e	(If Q22=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?			
		Yes	<b>28.2%</b> 1564/5539 (26%, 13-50%)	<b>45.9%</b> 17/37	50% 9/18
		Unknown*	<b>39.1%</b> 2167/5539 (20%, 7-52%)	<b>21.6%</b> 8/37	New answer option for Round 3
1.15 [3]	22f	(If Q22=Yes) Has information been collected about the patient regarding life details which aid communication?			
		Yes	<b>43.1%</b> 2413/5598 (50%, 25-70%)	<b>41.7%</b> 15/36	68.4% 13/19
		Unknown*	<b>35.3%</b> 1977/5598 (17%, 3-46%)	<b>19.4%</b> 7/36	New answer option for Round 3

\*Unknown response options refer to situations in which the information is usually recorded in a document which accompanies the patient (e.g. "This is Me" or patient passport) and no copy is available in the notes.



## Discharge

### Assessment before discharge

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.3 [2]	23	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded: (y/n)	<b>22.4%</b> 1639/7329 (17%, 9-30%)	<b>14.3%</b> 5/35	12.9% 4/31
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	<b>3.3%</b> 189/5690	<b>0%</b> 0/30	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	<b>1.9%</b> 110/5690	<b>0%</b> 0/30	
		Not routine/ not standard practice	<b>5.8%</b> 331/5690	<b>0%</b> 0/30	
		Not documented/ unknown reason	<b>78.1%</b> 4444/5690	<b>93.3%</b> 28/30	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	<b>10.8%</b> 616/5690	<b>6.7%</b> 2/30		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	<b>69.1%</b> 5067/7329 (72%, 57-84%)	<b>62.9%</b> 22/35	38.7% 12/31
	25	Have there been any symptoms of delirium? (y/n)	<b>32.3%</b> 2367/7329 (33%, 22-41%)	<b>42.9%</b> 15/35	16.1% 5/31
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	<b>47.9%</b> 1133/2367 (45%, 33-64%)	<b>40%</b> 6/15	100% 5/5
26	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	<b>19.4%</b> 1425/7329 (19%, 13-26%)	<b>20%</b> 7/35	12.9% 4/31	
26a	<i>(If Q26=Yes)</i> Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	<b>44.5%</b> 635/1426 (40%, 23-60%)	<b>14.3%</b> 1/7	25% 1/4	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	<b>65.5%</b> 1649/2519 (71%, 53-89%)	<b>93.3%</b> 14/15	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	<b>70.4%</b> 1161/1649 (75%, 50-89%)	<b>35.7%</b> 5/14	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	<b>11.9%</b> 138/1161 (0%, 0-20%)	<b>0%</b> 0/5	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	<b>69.9%</b> 811/1161 (75%, 50-90%)	<b>60%</b> 3/5	
		There is no record of either consent or best interest decision making*	<b>18.3%</b> 212/1161 (14%, 0-33%)	<b>40%</b> 2/5	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	<b>29.6%</b> 488/1649 (25%, 11-50%)	<b>64.3%</b> 9/14	
	27a (iii)	The patients consent was requested and this is recorded	<b>29.1%</b> 142/488 (25%, 0-50%)	<b>33.3%</b> 3/9	
		There is no record of the patients consent*	<b>70.9%</b> 346/488 (75%, 50-100%)	<b>66.7%</b> 6/9	
	27a (ii & iii)	Consent or best interests (responses options combined)	<b>66.2%</b> 1091/1649 (67%, 50-86%)	<b>42.9%</b> 6/14	
		No consent or best interests (response options combined)	<b>33.8%</b> 558/1649 (33%, 14-50%)	<b>57.1%</b> 8/14	

\*Please note that these figures include 1.9% of casenotes where it was specified that the capacity assessment information is kept with social worker notes, which are unavailable to the auditor.

## Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	<b>82%</b> 5807/7083 (89%, 72-96%)	<b>84.8%</b> 28/33	82.1% 23/28
5.4 [1]	29a	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person with dementia? (y/n/na)	<b>53.9%</b> 3327/6169 (55%, 38-72%)	<b>37.9%</b> 11/29	84% 21/25
	29b	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na)	<b>80.7%</b> 5597/6935 (82%, 71-91%)	<b>69.7%</b> 23/33	75% 21/28
	29c	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the consultant responsible for the patient's care? (y/n)	<b>75.1%</b> 5501/7329 (81%, 63-91%)	<b>62.9%</b> 22/35	71% 22/31
	29d	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team? (y/n)	<b>81.5%</b> 5971/7329 (85%, 76-93%)	<b>71.4%</b> 25/35	71% 22/31
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	<b>85.1%</b> 6234/7329 (92%, 77-97%)	<b>97.1%</b> 34/35	77.4% 24/31
5.7 [2]	31	Are any support needs that have been identified documented in the discharge plan/ summary? (y/n/na)	<b>60.2%</b> 4211/6995 (61%, 44-79%)	<b>41.2%</b> 14/34	43.5% 10/23
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	<b>80.6%</b> 5621/6975 (94%, 72-100%)	<b>93.9%</b> 31/33	77.4% 24/31
N5b [2]	33	Was a copy of the discharge plan/ summary sent to the GP/ primary care team on the day of discharge? (y/n/na)	<b>93.6%</b> 6701/7156 (98%, 93-100%)	<b>100%</b> 35/35	New question for Round 3

## Discharge planning

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.1 [2]	34	Was discharge planning initiated within 24 hours of admission? (y/n/na)	<b>47.4%</b> 2483/5242 (48%, 27-67%)	<b>82.6%</b> 19/23	48% 12/25
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	<b>62.5%</b> 1306/2088	<b>58.3%</b> 7/12	50% 3/6
		Patient awaiting assessment	<b>9.1%</b> 190/2088	<b>0%</b> 0/12	16.7% 1/6
		Patient awaiting history/ results	<b>6.1%</b> 127/2088	<b>0%</b> 0/12	0% 0/6
		Patient awaiting surgery	<b>9.6%</b> 200/2088	<b>25%</b> 3/12	0% 0/6
		Patient presenting confusion	<b>5.7%</b> 120/2088	<b>16.7%</b> 2/12	0% 0/6
		Patient on end of life plan	<b>0%</b> 1/2088	<b>0%</b> 0/12	-
		Patient being transferred to another hospital	<b>0.1%</b> 2/2088	<b>0%</b> 0/12	0% 0/6
		Patient unresponsive	<b>0.3%</b> 6/2088	<b>0%</b> 0/12	0% 0/6
		Patient being discharged to nursing/ residential care	<b>6.5%</b> 136/2088	<b>0%</b> 0/12	33.3% 2/6
		Not recorded	-	-	0% 0/6
		Other	<b>0%</b> 0/2088	<b>0%</b> 0/12	0% 0/6

## Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	<b>19.5%</b> 1432/7329	<b>17.1%</b> 6/35	16.1% 5/31
		24 hours	<b>12.2%</b> 897/7329	<b>5.7%</b> 2/35	19.4% 6/31
		25 - 48 hours	<b>14.7%</b> 1075/7329	<b>34.3%</b> 12/35	22.6% 7/31
		More than 48 hours	<b>27.1%</b> 1985/7329	<b>22.9%</b> 8/35	19.4% 6/31
		No notice at all	<b>0.5%</b> 35/7329	<b>0%</b> 0/35	0% 0/31
		Not documented	<b>24.2%</b> 1770/7329	<b>20%</b> 7/35	22.6% 7/31
		No carer, family, friend/ could not contact	<b>1.8%</b> 132/7329	<b>0%</b> 0/35	0% 0/31
		Patient specified information withheld	<b>0%</b> 3/7329	<b>0%</b> 0/35	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	<b>67.3%</b> 2605/3868 (70%, 50-88%)	<b>66.7%</b> 8/12	62.5% 10/16

## Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	0% (0)
25 – 34 years	2.9% (133)	0% (0)
35 – 44 years	5.6% (259)	26.7% (4)
45 – 54 years	16.2% (749)	26.7% (4)
55 – 64 years	25.8% (1193)	13.3% (2)
65 – 74 years	20.8% (960)	0% (0)
75 – 84 years	19.1% (885)	13.3% (2)
85 years or over	7.4% (343)	20% (3)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	33.3% (5)
Female	68.1% (3150)	60% (9)
Other	0.1% (4)	0% (0)
Prefer not to say	1.2% (57)	6.7% (1)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	93.3% (14)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	6.7% (1)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	20% (3)
Family member	55.9% (2597)	66.7% (10)
Friend	4.4% (203)	6.7% (1)
Professional carer (health or social care)	5.4% (249)	6.7% (1)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	76.9% (10)

## Appendix E: Carer questionnaire data

### Patient care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.3 [1]	1	Do you feel that hospital staff were well informed and understood the needs of the person you look after?	
		<b>46.5%</b> 2130/4578	<b>64.3%</b> 9/14
		<b>43.3%</b> 1980/4578	<b>28.6%</b> 4/14
		<b>10.2%</b> 468/4578	<b>7.1%</b> 1/14
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?	
		<b>54.2%</b> 2489/4592	<b>42.9%</b> 6/14
		<b>36.4%</b> 1672/4592	<b>50%</b> 7/14
		<b>9.4%</b> 431/4592	<b>7.1%</b> 1/14
1.14 [1]	3	Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i>	
		<b>55.4%</b> 2456/4433	<b>53.8%</b> 7/13
		<b>34.2%</b> 1515/4433	<b>30.8%</b> 4/13
		<b>10.4%</b> 462/4433	<b>15.4%</b> 2/13
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		<b>76%</b> 3471/4569	<b>80%</b> 12/15
		<b>20.8%</b> 952/4569	<b>20%</b> 3/15
		<b>3.2%</b> 146/4569	<b>0%</b> 0/15

## Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	<b>41.8%</b> 1908/4566	<b>36.4%</b> 4/11
		Yes, to some extent	<b>40.4%</b> 1843/4566	<b>54.5%</b> 6/11
		No	<b>17.8%</b> 815/4566	<b>9.1%</b> 1/11
9.11 [2]	6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?		
		Yes, definitely	<b>47.5%</b> 2138/4497	<b>53.8%</b> 7/13
		Yes, to some extent	<b>36.4%</b> 1637/4497	<b>15.4%</b> 2/13
		No	<b>16.1%</b> 722/4497	<b>30.8%</b> 4/13
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	<b>45.4%</b> 2053/4524	<b>61.5%</b> 8/13
		Yes, to some extent	<b>34.5%</b> 1563/4524	<b>38.5%</b> 5/13
		No	<b>20.1%</b> 908/4524	<b>0%</b> 0/13



## Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?		
		Excellent	<b>34.5%</b> 1602/4645	<b>33.3%</b> 5/15
		Very good	<b>33.9%</b> 1575/4645	<b>33.3%</b> 5/15
		Good	<b>17%</b> 790/4645	<b>20%</b> 3/15
		Fair	<b>9.6%</b> 446/4645	<b>6.7%</b> 1/15
		Poor	<b>5%</b> 232/4645	<b>6.7%</b> 1/15
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?		
		Extremely likely	<b>42.5%</b> 1933/4544	<b>40%</b> 6/15
		Likely	<b>34.1%</b> 1551/4544	<b>40%</b> 6/15
		Neither likely nor unlikely	<b>14.3%</b> 648/4544	<b>13.3%</b> 2/15
		Unlikely	<b>4.8%</b> 220/4544	<b>6.7%</b> 1/15
		Extremely unlikely	<b>4.2%</b> 192/4544	<b>0%</b> 0/15

## Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	10	Overall, how satisfied are you with the support <b>you</b> have received from this hospital to help you in your role as a carer?		
		Very satisfied	<b>50.3%</b> 2204/4379	<b>25%</b> 3/12
		Somewhat satisfied	<b>34%</b> 1487/4379	<b>58.3%</b> 7/12
		Somewhat dissatisfied	<b>9.9%</b> 434/4379	<b>16.7%</b> 2/12
		Very dissatisfied	<b>5.8%</b> 254/4379	<b>0%</b> 0/12

## Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	<b>31.9%</b> (4559)	<b>35.3%</b> (49)
26 - 50%	<b>25.6%</b> (3651)	<b>18.7%</b> (26)
51 - 75%	<b>24.4%</b> (3489)	<b>26.6%</b> (37)
More than 75%	<b>18.1%</b> (2588)	<b>19.4%</b> (27)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	<b>15.7%</b> (2260)	<b>22.1%</b> (31)
Female	<b>83.2%</b> (11954)	<b>77.1%</b> (108)
Other	<b>0.2%</b> (34)	<b>0%</b> (0)
Prefer not to say	<b>0.8%</b> (113)	<b>0.7%</b> (1)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	<b>79.9%</b> (11467)	<b>70.7%</b> (99)
Black/ Black British	<b>4.1%</b> (594)	<b>5.7%</b> (8)
Asian/ Asian British	<b>8%</b> (1150)	<b>10.7%</b> (15)
Mixed	<b>1.3%</b> (183)	<b>2.9%</b> (4)
Chinese	<b>0.5%</b> (73)	<b>0%</b> (0)
Other	<b>4.5%</b> (646)	<b>6.4%</b> (9)
Prefer not to say	<b>1.7%</b> (241)	<b>3.6%</b> (5)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	<b>29.9%</b> (4300)	<b>14.4%</b> (20)
Registered nurse (Band 7 or above)	<b>12.7%</b> (1831)	<b>17.3%</b> (24)
Healthcare assistant	<b>23.1%</b> (3324)	<b>25.2%</b> (35)
Doctor	<b>11.5%</b> (1645)	<b>26.6%</b> (37)
Allied healthcare professional	<b>11.9%</b> (1713)	<b>7.9%</b> (11)
Therapy assistant/ allied healthcare professional assistant	<b>2.6%</b> (367)	<b>2.2%</b> (3)
Student	<b>2.3%</b> (332)	<b>1.4%</b> (2)
Ward based administrators	<b>4%</b> (571)	<b>1.4%</b> (2)
Other/ unknown	<b>1.9%</b> (279)	<b>3.6%</b> (5)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	<b>13%</b> (1866)	<b>7.9%</b> (11)
30 hours or more	<b>87%</b> (12458)	<b>92.1%</b> (128)

<b>Time worked in the hospital</b>	<b>National audit Round 3: % (N)</b>	<b>Your hospital Round 3: % (N)</b>
Less than 6 months	<b>8%</b> (1148)	<b>8.7%</b> (12)
6 - 11 months	<b>9.5%</b> (1364)	<b>11.6%</b> (16)
1 - 2 years	<b>15.6%</b> (2242)	<b>15.9%</b> (22)
3 - 5 years	<b>16.4%</b> (2350)	<b>15.9%</b> (22)
6 - 10 years	<b>15.9%</b> (2283)	<b>15.9%</b> (22)
11 - 15 years	<b>12.1%</b> (1739)	<b>13.8%</b> (19)
More than 15 years	<b>22.4%</b> (3205)	<b>18.1%</b> (25)

## Appendix G: Staff questionnaire data

### Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>				
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>				
		Yes, always	<b>28.7%</b> 4026/14024	<b>61.6%</b> 8640/14024	<b>34.8%</b> 48/138	<b>67.4%</b> 93/138
		Yes, most of the time	<b>32.9%</b> 4614/14024		<b>32.6%</b> 45/138	
		Yes, sometimes	<b>26.8%</b> 3760/14024	-	<b>30.4%</b> 42/138	-
		No	<b>11.6%</b> 1624/14024	-	<b>2.2%</b> 3/138	-
	1b	Out of office hours				
		Yes, always	<b>7.8%</b> 874/11207	<b>23.5%</b> 2637/11207	<b>4.5%</b> 5/111	<b>17.1%</b> 19/111
		Yes, most of the time	<b>15.7%</b> 1763/11207		<b>12.6%</b> 14/111	
		Yes, sometimes	<b>27.9%</b> 3129/11207	-	<b>24.3%</b> 27/111	-
		No	<b>48.6%</b> 5441/11207	-	<b>58.6%</b> 65/111	-

## Dementia care training

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
7.4 [2]	2	What form did your dementia training at this hospital take? <i>Please tick all that apply:</i>	
		<b>42.8%</b> 5653/13205	<b>30.2%</b> 38/126
		<b>53.2%</b> 7030/13205	<b>49.2%</b> 62/126
		<b>5.4%</b> 713/13205	<b>6.3%</b> 8/126
		<b>7.7%</b> 1018/13205	<b>4.8%</b> 6/126
		<b>7.3%</b> 961/13205	<b>9.5%</b> 12/126
		<b>17.3%</b> 2278/13205	<b>22.2%</b> 28/126
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		<b>42.2%</b> 4502/10670	<b>40.6%</b> 39/96
		<b>50.5%</b> 5390/10670	<b>51%</b> 49/96
	<b>7.3%</b> 778/10670	<b>8.3%</b> 8/96	

## Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	<b>21.4%</b> 3072/14345	<b>59.9%</b> 8597/14345	<b>20%</b> 28/140	<b>62.9%</b> 88/140
		Yes, most of the time	<b>38.5%</b> 5525/14345		<b>42.9%</b> 60/140	
		Yes, sometimes	<b>33%</b> 4734/14345	-	<b>35%</b> 49/140	-
		No	<b>7.1%</b> 1014/14345	-	<b>2.1%</b> 3/140	-
	3a	Do you have the opportunity to use this information to help you care for/ support people with dementia?				
		Yes, always	<b>26.6%</b> 3549/13329	<b>67.5%</b> 9003/13329	<b>21.2%</b> 29/137	<b>64.2%</b> 88/137
		Yes, most of the time	<b>40.9%</b> 5454/13329		<b>43.1%</b> 59/137	
		Yes, sometimes	<b>30.6%</b> 4074/13329	-	<b>32.8%</b> 45/137	-
		No	<b>1.9%</b> 252/13329	-	<b>2.9%</b> 4/137	-
7.4 [2]	4	In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? <i>E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward.</i>				
		Yes, always	<b>28.9%</b> 4145/14333	<b>62.1%</b> 8904/14333	<b>28.8%</b> 40/139	<b>67.6%</b> 94/139
		Yes, most of the time	<b>33.2%</b> 4759/14333		<b>38.8%</b> 54/139	
		Yes, sometimes	<b>27.3%</b> 3913/14333	-	<b>25.2%</b> 35/139	-
	No	<b>10.6%</b> 1516/14333	-	<b>7.2%</b> 10/139	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
7.12 [1]	6	As a team, how often do you talk about the way you care for/ support people with complex needs (including dementia)?	
		<b>49.8%</b> 6203/12457	<b>54.4%</b> 68/125
		<b>37.2%</b> 4636/12457	<b>28%</b> 35/125
		<b>9.7%</b> 1210/12457	<b>12.8%</b> 16/125
		<b>3.3%</b> 408/12457	<b>4.8%</b> 6/125

## Patient care and nutrition

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)
3.8 [1]	7	Can carers of people with dementia visit at any time on the ward(s) you work on? <i>i.e. visits are not limited to normal visiting hours and may include mealtimes.</i>			
		<b>51.2%</b> 6131/11978	<b>78.5%</b> 9402/11978	<b>61.8%</b> 76/123	<b>81.3%</b> 100/123
		<b>27.3%</b> 3271/11978		<b>19.5%</b> 24/123	
		<b>16.1%</b> 1927/11978	-	<b>13%</b> 16/123	-
		<b>5.4%</b> 649/11978	-	<b>5.7%</b> 7/123	-
7.18 [1]	8	Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on?			
		<b>25.9%</b> 3181/12263	<b>76.1%</b> 9330/12263	<b>21.6%</b> 27/125	<b>74.4%</b> 93/125
		<b>50.1%</b> 6149/12263		<b>52.8%</b> 66/125	
		<b>19.2%</b> 2357/12263	-	<b>17.6%</b> 22/125	-
		<b>4.7%</b> 576/12263	-	<b>8%</b> 10/125	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.9 [2]	9	Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? <i>E.g. pain relief, personal care, toileting, mobility assistance.</i>				
		Yes, always	<b>30.4%</b> 2785/9148	<b>78%</b> 7137/9148	<b>32.1%</b> 25/78	<b>80.8%</b> 63/78
		Yes, most of the time	<b>47.6%</b> 4352/9148		<b>48.7%</b> 38/78	
		Yes, sometimes	<b>18.7%</b> 1708/9148	-	<b>14.1%</b> 11/78	-
		No	<b>3.3%</b> 303/9148	-	<b>5.1%</b> 4/78	-
	10	Is additional staffing support provided if dependency needs on the ward(s) you work on increase?				
		Yes, always	<b>10.7%</b> 977/9143	<b>38.2%</b> 3493/9143	<b>7.7%</b> 6/78	<b>38.5%</b> 30/78
		Yes, most of the time	<b>27.5%</b> 2516/9143		<b>30.8%</b> 24/78	
		Yes, sometimes	<b>42.5%</b> 3887/9143	-	<b>47.4%</b> 37/78	-
		No	<b>19.3%</b> 1763/9143	-	<b>14.1%</b> 11/78	-
N3c [3]	11	Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on? <i>By night time bed moves, we mean bed moves between the evening meal and breakfast the next morning.</i>				
		Yes, always	<b>16.3%</b> 1474/9047	<b>48.8%</b> 4416/9047	<b>19.7%</b> 15/76	<b>63.2%</b> 48/76
		Yes, most of the time	<b>32.5%</b> 2942/9047		<b>43.4%</b> 33/76	
		Yes, sometimes	<b>27.7%</b> 2506/9047	-	<b>26.3%</b> 20/76	-
	No	<b>23.5%</b> 2125/9047	-	<b>10.5%</b> 8/76	-	



Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	<b>28.3%</b> 2488/8788	<b>67.6%</b> 5944/8788	<b>41.6%</b> 32/77	<b>76.6%</b> 59/77
		Yes, most of the time	<b>39.3%</b> 3456/8788		<b>35.1%</b> 27/77	
		Yes, sometimes	<b>16.8%</b> 1476/8788	-	<b>15.6%</b> 12/77	-
		No	<b>15.6%</b> 1368/8788	-	<b>7.8%</b> 6/77	-
N3b [2]	13	Can you access finger food (i.e. food which can be eaten without a knife/ fork/ spoon) for people with dementia as an alternative to main meals?				
		Yes, always	<b>38%</b> 3356/8822	<b>65.2%</b> 5754/8822	<b>49.4%</b> 38/77	<b>81.8%</b> 63/77
		Yes, most of the time	<b>27.2%</b> 2398/8822		<b>32.5%</b> 25/77	
		Yes, sometimes	<b>22.5%</b> 1983/8822	-	<b>15.6%</b> 12/77	-
		No	<b>12.3%</b> 1085/8822	-	<b>2.6%</b> 2/77	-
3.11 [2]	14	Can you access snacks for people with dementia in between meals?				
		Yes, always	<b>44.5%</b> 4060/9119	<b>73.2%</b> 6675/9119	<b>47.4%</b> 37/78	<b>78.2%</b> 61/78
		Yes, most of the time	<b>28.7%</b> 2615/9119		<b>30.8%</b> 24/78	
		Yes, sometimes	<b>20.7%</b> 1886/9119	-	<b>16.7%</b> 13/78	-
		No	<b>6.1%</b> 558/9119	-	<b>5.1%</b> 4/78	-
N3a [2]	15	Are the nutrition and hydration needs of people with dementia communicated at handovers/ safety briefings?				
		Yes, always	<b>46.2%</b> 4199/9090	<b>79.6%</b> 7238/9090	<b>50%</b> 39/78	<b>85.9%</b> 67/78
		Yes, most of the time	<b>33.4%</b> 3039/9090		<b>35.9%</b> 28/78	
		Yes, sometimes	<b>15.5%</b> 1408/9090	-	<b>9%</b> 7/78	-
		No	<b>4.9%</b> 444/9090	-	<b>5.1%</b> 4/78	-

## Appendix H: Staff suggestions for your hospital

The staff questionnaire included a question asking staff to make one suggestion on how their hospital could improve care and support provided to people with dementia. Below, all suggestions from staff at University Hospital, Coventry are provided.

<b>Registered Nurses (Band 5 or 6)</b>
Adequate staff levels to provide more support.
By discharging earlier and not have them medically fit for weeks and have nowhere for them to go.
By having enough staff on duty and giving more training on dementia to help staff not to be rushing very much as there is constraints of time in relation to the workload a nurse has to face during a shift - paperwork that keeps increasing.
Enhanced care team providing 1:1 care for patients with dementia that could cause themselves serious harm, such as falling.
Have a better discharge plan, as a hospital is not suitable for dementia patients when they are waiting placements, sometimes this can take weeks to months.
In regards to nutrition, more education to the hostesses and ward staff regarding finger foods would help.
More awareness and commitment from family/ friends and a comprehensive care/ approach from the professionals. Get more involved in dementia research.
More dementia nurse specialists are needed. Patients are living longer. Need to have continuity of the same staff.
More dementia nurses.
More staff.
More volunteers to speak to patients at their bedsides.
People with dementia should be recognised as having high dependency needs, both physical and psychological care should be facilitated by the appropriate ward that can utilise resources needed, to ensure the standard of care delivered is appropriate to the individual at all time.
Provide the appropriate staff at all times in all departments to support and care for patients with dementia and the respect that they deserve.
To have enough staff to help with spending time with dementia patients. Dementia patients should not be kept [a long time] in hospitals, if possible. It would be helpful for their carers or family to visit regularly to help daily living activities up.
Understanding that risks need to be identified and strategies need to be put in place to reduce harm, to keep people safe within our organisation - to achieve this the enhance team need to be more available within office hours and out of office hours.
We need to employ staff to help with food and drink only - who do not need to be involved with personal hygiene.

## Registered Nurses (Band 7 or above)

Better communication and transparency with the community dementia team to share health records about patients who are admitted to the acute setting. Currently, patients who have cognitive impairment are admitted and there is no record of if the patient has been seen or not, and what type of dementia, and what treatment they may be receiving. We also need our dementia nurses to be able to be better equipped to respond to patients' needs through medication advice and prescribing. Snacks and small food items are not readily available for dementia patients to take advantages of. It would be good to have non-fridge items such as jelly, savoury items e.g. cheddar biscuits for patients to have when they can.

Better out of ours support and increased support for enhanced care of patients.

Dementia team support, with how to manage a patient with dementia as the ward does not always manage this particular type of patient. Excellent support and expert knowledge, which endeavours to support the care we deliver to our patients.

Expand the services of dementia specialist team - currently on two members of staff who work part time covering the entire hospital.

Greater staffing.

Have more dementia nurse specialists who have prescribing abilities and have completed their health assessment course, to have a more positive impact on patient treatment.

Increased provision for cohorted bays built into the ward establishment would mean patients would receive individualised person centred care.

It is very difficult in an acute area to provide high quality care to people with dementia. A quieter bay for people with extra needs may help. The dementia nurse specialists are excellent but rarely available to help due to a heavy caseload and not enough staff - if they were more available to assist and also available outside of office hours, this would be a massive help.

Patients are housed in inappropriate areas e.g. they should be on a care of the elderly ward but are put in a busy surgical area where there are fewer support staff, more trained staff - but they are often busy with surgical patients whose needs could be acute.

Patients with dementia should be placed on the appropriate ward i.e. care of elderly, not on acute medical area where they may not receive adequate care.

Recognising the need for extra staff to assist with people with dementia, to allow the extra time and support the patient will require.

Support staff to make the right decision at the front door. Being admitted to hospital is a very distressing scenario for patients suffering from dementia. The more people that can be turned around quickly at the front door, it would prevent their distress escalating and in some instance, losing placements.

The care of patients with dementia and delirium is given a high priority within the hospital. The personalised information that is contained in the "Forget-me-not" care bundle and the use of the sky-blue pillowcases enhances the care of the patients. However, there is always more that can be done, emphasis has to made of the person centred communication, supported by the "getting to know me" forms. Also, families and supporters of the individuals should be welcomed on to the wards to support their loved ones through the difficult time.

The trust uses a blue pillowcase to inform all staff that the individual may have communication difficulties - this needs to be more widely used as it is a fantastic initiative at promoting effective communication.

They should have a dedicated dementia nurse (duty nurse) from admission in A&E and follow them up on the ward and make sure that they have the right care that they need.

## Registered Nurses (Band 7 or above)

This is a difficult area as each person with dementia is an individual and has their own specific needs. As the trust already supports staff with dementia training and patients with dementia specific care wards, I feel that the way forward is having the time to nurture, listen and value the thoughts and reflect on behaviours and disease progression of adults with dementia. To have the courage to spend money to make a loss on extra staff, but to flourish and achieve a gold standard in dementia care trust wide, not only in specific targeted wards areas.

## Healthcare Assistants

A lot of patients with dementia can be aggressive and this puts staff at risk of injury. I feel we are understaffed at times and do not have the appropriate skills to deal with aggression.

All staff (other than women/ children's department) should have dementia training/ study day that is mandatory to all staff other than mentioned above - so we all have a basic understanding of dementia and how we should look after somebody with dementia, if not already known. Also, I think extra support is needed when staffing is low on the ward and we can't sit there and special as the ward is too busy and the patient is continuously trying to get out of bed, are high falls risk etc. We should be able to get more support to special these kinds of patients to avoid falls or major incidents.

Better staff training, more funds for activities, more awareness for staff, relatives.

Dementia training to all staff who encounter such patients.

Fill in "forget me not" booklets.

Having more staff when we have more than one patient being 1 to 1'd so we have time to interact with other patients in the bay and they don't feel left out.

I feel dementia patients in our wards are given the upmost care. But feel at times, patients without dementia are pushed aside which I feel is very unfair because dementia patients need our help more. We need to remember that all patients need our care, regardless if there's dementia or not. We need more staff on if we have patients who have dementia, and also for other patient as they are just as important.

I feel if we had more staff to patients, we could provide better care.

I feel that it would be helpful for doors to other wards to be key card accessible as it would give patients the freedom to walk around our ward without the danger of losing a patient.

If [there were] more staff, I would be able to spend more time on a one to one with patients with dementia. Would be able to take more time. Staff! Staff! And more staff!

If staffing levels were higher, we would have more time to spend caring one on one with patients with dementia.

Make people more aware of the needs of patients with dementia. Somewhere for the patient to roam freely without being told 'you're not allowed that way'. Patients with dementia are too claustrophobic in the ward. Too many places they aren't allowed to go. Need more space to roam.

More activities needed, patients find it hard to cope when they have nothing to do or are not able to leave their bed/ bay.

More locks so patients can wander without getting lost.

More staff for specialing confused patients, for safety reasons.

More staff to be able to meet the needs of the patient.

More staff to ensure 1:1 for patients that wander. Arts/ crafts trolley staff to be more social/ explanatory.

More support for outpatient clinics and day surgery wards.

More support workers.

## Healthcare Assistants

More training, more staff. As patients are so [much] more challenging. So much more staff needed, we sometimes just don't get enough time especially if one to one and challenging behaviour. Central government need to put more cash in this area for more staff. [Dementia is] so on the increase.

Most carers given to dementia patients from the hospital are not enough. They seem to give average care which endangers - especially the lives of agency carers. Every specialing (one to one) is done by agency and most of the specialing are aggressive dementia patients meaning, agency staff can get/ receive all the risks and dangers of caring for dementia patients. I have personally been hit severely on my nose bones and all I got was a 'sorry letter' from NHS. The hospital staffing is inadequate. Most wards that accommodate dementia patients are cared for by only one carer. And some of the wards accommodate aggressive dementia patients who need specialing. How can one carer special someone aggressive and still look after three other patients?

Need more staff to care for people with dementia and more activities for them.

Providing more activities for them so they can reminisce, allowing them to be taken off the ward and shown past events, or to watch a performance.

Set place for people with dementia to go for some time away from the ward.

## Doctors

A greater level of support/ encouragement at mealtimes - I recognise HCAs work hard at this and it would be hard to do more without increasing staffing.

Day room. More skilled volunteers. No liaison with, or understanding of, outpatient memory clinic.

Dedicated dementia friendly assessment areas, particularly in the emergency department and acute areas, with improved frailty support is needed.

Display dignity, not just claim it as a headline 'principle'/ standard.

Enlist help from volunteer agencies to sit with patients and talk with them/ play games/ colour etc.

I am a trauma anaesthetist and see a lot of elderly patients with dementia on the morning of theatre when there are time pressures to get the list started. I often would like to discuss with their next of kin - I feel that it would be of benefit for these patients to have their next of kin there with them on the morning of surgery. These people could also come to theatre if it would be of benefit to the patient, like parents do with children at the start.

Improve advanced care planning so that admissions to hospital are either avoided or, if take place, wishes of the patient regarding treatment options are clearly documented.

Increased access to specialist dementia nurses and better links between community and secondary care. Main part of my role is as a critical care consultant. What would really help, is open and frank discussions regarding prognosis, wishes and values of patients with dementia, and those people caring for them, prior to a deterioration in their health that requires hospitalisation, or referral to critical care.

Make dementia education mandatory for staff.

More beds to enable specialist care.

More dementia nurses in the hospital.

More intense training of all the staff, creating more awareness and making us aware what support facilities are available to care for people with dementia.

More nurses on the ward.

More nurses.

## Doctors

More staff as dementia patients need more time. For example, to have allocated staff to care for dementia patients on the ward.

More training.

Need more staffing resource (like diabetic nurse service).

Taking the time to talk to relatives and carers to know about the patient as a person and a human being, so that personalised care can be delivered at the hospital.

The hospital has recently put larger than life photographs of random members of staff on lift doors. I have knowledge of this causing confusion and distress to patients with dementia who are disorientated by seeing large and very real photos of staff on doors which then open. Carers have raised this as a concern. The photos are disconcerting to staff, let alone visitors when encountered unexpectedly and must be bewildering and frightening for patients with dementia. This has been raised through the impressions route but the photos remain. It is unclear what purpose they serve and they are currently causing distress.

There are frequent admissions of diagnosed or undiagnosed dementia patients on the wards. Caring for behaviour and nutritional problems is a challenge. We need more dementia educated staff to look after these patient, often one to one. Quite often food and pills are put in front of patient, out of reach and unable to feed themselves. Quite often, the uneducated care workers confront such patients which make them more angry. Hard support from the acute mental health assessment triage team is usually unhelpful as they often go away calling it delirium, rather giving specialist advice on managing such patients. Dementia specialist needs to provide daily input on managing medication of these patients.

Understanding their likes and dislikes would be very helpful. Should have a form in the notes which provides this info. Doesn't have to be detailed.

## Allied Healthcare Professionals

Ensuring that all relevant teams associated with their care, while in hospital, are aware of the patient's capabilities and understanding of their current situation.

Increased help at mealtimes on the ward. Less structured mealtimes -preference for little and often so smaller meals and more frequency, maybe an extra snack list in between meals on gerontology wards. Completing the "forget me not" form when family/ carers are not present and patient may be unable to respond, in turn would lead to a better nutritional intervention whilst allowing patient preferences and religious beliefs to be adhered to.

Need to have electronic notes so patients don't have to be asked the same questions.

Not transfer them from ward to ward or bed space to bed space.

Snack foods of appropriate consistencies should be available around the clock, as dementia patients need flexibility. Dementia patients struggle to eat full meals and rely on grazing. The ISS staff (catering) MUST provide pureed and soft options - although these are available (according to the ISS manager), they often do not actually get offered to the patient.

Staffing levels, more frequent education, mandatory training as part of ESL.

To be able to personalise bed space more and encourage patient to wear own clothes, make up etc.

To provide better meals/ snacks etc.

## Students

More training and information about dementia.

## Therapy Assistants & Allied Healthcare Professional Assistants

By having more funding, to enable us to support and create more activities to do with our patients.

More staff, better education.

More training for all. More activities available to occupy people on every ward, not just gerontology.

## Ward-based Administrators

*No comments from ward-based administrators for your hospital.*

## Other / Unknown

I think at times it's important to have more staff to listen to the patients, as patients like being in the activity room rather than in their areas – so, more qualified staff who know how to deal with 'dementia issues'. At times, there is scarcity of staff. More volunteers to work and where weekends are concerned as well, so that there is continuity in work with dementia - so that quality service is delivered. Even though we know they are drifting away, to work for the mental health for the patient and the care takers.

Not to assume a patient has dementia. Many members of staff assume a patient does without a proper assessment, and this can be damaging to the care received, or can cause inappropriate care to be provided.





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